

IESI Corporation and its subsidiaries ("IESI") P O BOX 399

SCOTLAND PA 17254

IESI

P O BOX 399			Date:	
SCOTLAND PA	17254		Location:	CHAMBERSBURG
		Please Print Clearly	200allolli j	o. ii iiii Ei (obo. to
Customer ID#				
Name:				
Address:				
City, St Zip				
By signing below	you author	ize IESI to charge your cre	edit card or bank acc	ount for services rendered.
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Tour account w	m be charg	ged 15 days <mark>after the invo</mark>	orce date for the ba	iance due.
You will receive a	quarterly in	voice from IESI which will 1	reflect the prior payme	ent and balance due that will
be charged to your	credit card.			,
You must notify up	s in writing	when you wish to terminate t	this credit card author	ization
		•		
If paying by credit	card, please	check card type:	<u>EMAIL</u>	-
() VISA () N	MASTERCA	ARD () DISCOVER ()	AMERICAN EXPRE	ESS
ACCOUNT:				
EXPIRATION DA	ΛΤΕ:	/ (month/year)		
NAME AS IT API	PEARS ON	CARD:		
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DATE SIGNED: _				
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For any questions	regarding cr	edit card charges, please con	nact our Collections L	Department.
Thank You.				